

“I feel well even though I have illnesses”

**Elderly people’s thoughts on everyday life
– a pilot study.**

Authors: Karin Bruzelius, Wong Sook Teng

Course: Master Degree (one year) project in nursing,
15 higher education credits

Mentor: Eva Lidén

Examiner: Leeni Berntsson

Sahlgrenska akademin



The authors would like to thank our mentor Eva Lidén for her support, constructive feedback and professional guidance. We would also like to thank Thomas Jenkins for spending his valuable weekends to edit the English language in this essay. Finally, thanks to husband, boyfriend and family members who all supported us during the intensive time spent on our very first research project.

CONTENTS

INTRODUCTION	1
BACKGROUND	1
THE DISTRICT NURSE	1
NURSING SCIENCE OUT OF A LIFE WORLD PERSPECTIVE	2
THEORETICAL CONTEXT AND FRAME WORK	2
Health	3
Ageing	3
Transition process in the elderly	4
Social context	5
PREVIOUS RESEARCH	6
Ageing experience	6
Older people's everyday wellbeing	7
Social support	7
Successful ageing	8
Outline	9
AIM	9
METHOD	9
RESEARCH APPROACH	9
STUDY SAMPLE	10
DATA COLLECTION	10
DATA ANALYSIS	11
ETHICAL CONSIDERATIONS	11
RESULT	12
EVERYDAY LIFE	13
SOCIAL RELATIONS	14
CHANGES IN LIFE	14
DISCUSSION	15
METHODOLOGICAL DISCUSSION	15
RESULT DISCUSSION	16
NURSING IMPLICATIONS	17
CONCLUSION	18
DIVISION OF WORK	18
REFERENCES	19
APPENDIX	23

Title: I feel well even though I have illnesses. Elderly people's thoughts on everyday life – a pilot study.

Course: Graduate Diploma in Specialist Nursing – Primary Health Care.
Master degree (one year) project in Nursing,
15 higher education credits

Pages: 23

Authors: Karin Bruzelius and Wong Sook Teng

Mentor: Eva Lidén

Examiner: Leeni Berntsson

ABSTRACT

Introduction With continuously changing demographics, Sweden will in the future have an increased amount of people over the age of 75 years still living in their own homes. The district nurses' role involves care for the elderly outside of the hospitals, which is why there is a need for more research to be done on how to improve elderly peoples' health and wellbeing. Many older people experience loneliness in their everyday life, a reason for decreased health and subjective wellbeing.

Aim Our aim is to describe single-living community health needing elderly people's thoughts on their everyday life and social relations.

Method This study uses a qualitative approach through a life world perspective. This pilot study includes three interviews. The data was analyzed using qualitative content analysis.

Result The result has three main categories; *Everyday life*, *Social relations* and *Changes in life*. The informants experienced loneliness on a daily basis and wished for more continuous relations with their family. Everyday life was marked by the changes in life they were going through which is a part of the ageing process.

Discussion Elderly people go through a transition process and will hopefully achieve successful ageing. Our informants were in different phases of the process, which meant they would accept and adapt to the daily situation in their way. Social contacts made all the informants feel better, happier with life and improved their wellbeing. Changes in life i.e. the loss of a lifelong partner appeared to permeate all other aspects of their life. Knowledge from this study can provide an understanding of elderly people's everyday life and criteria for wellbeing. This will give us insights on how to promote quality of life for this group of people.

Key words Ageing, social relations, everyday life, wellbeing.

INTRODUCTION

Successful ageing is a major challenge in Europe due to demographic transition to a continuously growing older population. The elderly are not a homogenous group. Consequently, efforts to promote good health and quality of life in life's later stages require up to date knowledge in order to achieve health care plan and promotion that meets the needs of the current elder generation (1).

With a relatively low birth rate and an increased lifespan, Sweden's population is getting older. This tendency will amplify in the future, with increasing numbers of older people, especially over the age of 80. One reason for this is the large amount of babies born in the 1940's. The average length of life for men in Sweden is currently 78,9 years, and is expected to rise to 83,8 years in 2050. For women the current average is 83,0 years, and in 2050 is expected to be 86,3 years (2,3). Five percent of the total Swedish population are 80 years and above and 39% of this group of elderly people are in need of public care and service. The health development among this group of elderly people has shown to be on a negative trend. They experience functional disabilities, pain and poorer psychological health (4).

The Swedish National Institute of Public Health has in one of its report identified four cornerstones of successful ageing in its health promotion measures directed at the elderly: physical activities, good eating habits, social support and sense of participation/meaningfulness/feeling needed. These four cornerstones were identified mainly because they are relevant to health promotion for elderly in the "third age", referring to the period immediately after retirement with none or few health problems. The elderly in the "fourth age", meaning to say the elderly people in the last phase of life and requires certain kind of health care assistance, may have different needs in order to maintain a good quality of life. Health promotion measures that are planned for the third age might not meet the needs of those in the fourth age. Knowledge is required to understand this group of elderly so that health promotion measures can be planned according to the changes in their life (5).

Therefore, this pilot study is aimed to describe the thoughts of the elderly people in the fourth age with the purpose of understanding the missing details in their daily life and social relations. The plan is eventually to perform a full scale study with the aim of utilizing the knowledge derived from the study to plan health promoting measures. We have chosen to focus on social relations because a fellow colleague working with this group of elderly people suggested that social contacts are reduced for this group.

BACKGROUND

THE DISTRICT NURSE

District nurses have a wide area of work in their profession. The profession presupposes an ability to adapt to various social and geographic environments meeting people of all ages, illnesses and socioeconomic backgrounds. The district nurses' work involves practicing out of the hospitals, often in patients' own homes, where support should be given to people with decreased health, in their everyday lives. There will be an increased demand in the quality of care, especially as an ageing population will need health care in their own homes. It should be carried out with the respect for their individual choices and decisions regarding their care should be adapted to the patients' life world (6).

There are four fundamental areas of work for the district nurse - to promote health, prevent illness, restore health and relieve suffering. The district nurse's work should be evidence based and also follow all relevant constitutions. He/she should have a holistic and ethical approach in order to respect the patients' uniqueness, integrity and autonomy in the various environments in which he/she performs his/her work. The holistic approach involves the individual, ambient environment and society – both economical and political aspects. A patient focused way of work is necessary to integrate health promotion and health prevention which will support and strengthen the patient, its family and environment. It is central that we keep all of this in mind as our profession involves working in different environments and meeting elderly people (6).

NURSING SCIENCE OUT OF A LIFE WORLD PERSPECTIVE

We have chosen some premises that will assist us to comprehend elderly peoples' life world. Firstly we want to look upon elderly peoples' everyday life and social relations with a caring perspective. Caring is a universal term which is not bound the nursing profession. The caring perspective origins from humanity but also involves practical accommodation of basic human needs. The acts that determine caring are those you do together with another person, healthy or ill, to achieve optimal health or quality of life. This will emphasise the relational aspect in caring, which is why we have chosen to apply it in our study. With social contacts being a basic human need, a lack of it can affect health in a negative way. With this in mind we look upon elderly peoples' health linked to the caring social relations (7).

The main objective of nursing science is to create knowledge that can develop and improve the nursing process. There are a number of ontological assumptions in nursing science, a key one being that humans are an entity, where body, psyche, soul and spirit are different inseparable aspects of this unit. Therefore it is important that a human being is looked upon holistically within nursing science (8).

Life world perspective has its' ground in phenomenology and was introduced by the German philosopher Edmund Husserl. The approach is defined by closeness and sensitivity for the study object. It is a qualitative measure in nursing science and can not be plotted down in numbers as in the quantitative studies. It seeks more to describe a phenomenon through subjective minds of people, which we are trying to do in the elderly people's everyday lives (9).

A life world perspective contributes towards explaining and understanding human life. In a nursing situation the patient is an expert in the experience of his or hers illness and condition, while the nurse is the expert on nursing science. The life world undergoes changes that occur in the living body. Adopting both life world perspective and basic ontological assumptions in nursing science, the nurse can develop her way of work to understand the uniqueness of the patient and consequently help the patient towards health. We will through this perspective understand how elderly people can describe his/her life and circumstances. With this knowledge we can integrate it in nursing which hopefully affects our professional methods positively. It will influence how we meet the elderly with empathy and how we can grasp their perceived environment (9).

THEORETICAL CONTEXT AND FRAMEWORK

We have chosen to explore our research by understanding ageing through looking at how the health concept of the elder can be influenced socially using transition process.

Health

Health has been described by many instances and through different perspectives. The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (10).

Nursing theorist Imogene King describes health as “dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one’s resources to achieve maximum potential for daily living”. Her view associates health as a continuous process which needs to be looked after. It is a matter of *being* in health, not to *have* health. The concept of health is important for nurses to help individuals achieve the goal of health. According to King, “human beings function in a social system through interpersonal relationships in terms of their perceptions, which influence their life and health” (11).

To have control over one’s daily life is an essential aspect in one’s wellbeing and no lesser in the life of the elderly. It allows self-realization and development. The loss of control leads to poorer quality of life and thus further leads to lower immunity (12).

According to Aaron Antonovsky’s theory of salutogenesis, those who have a strong sense of coherence (SOC) have adequate generalized resistance resources which have a stress buffering function. A strong SOC assists people to perceive life as comprehensive, manageable and meaningful (13).

A study on the subjective wellbeing of active elderly persons from the salutogenic perspective indicated that strong SOC creates or maintains a psychological integrity that has a positive affect on health (14). A possible way to strengthen SOC is to promote interventions strengthening autonomy (15), a process where the elderly are able to influence and experience the purposefulness of their everyday life (16).

Ageing

The process of ageing is complex, but not a disease. The principles of gerontological nursing practice look at ageing as a natural process common to all living organisms. There are many theories which seek to explain the process of ageing. The uniqueness of the ageing process is influenced by both exogenous and endogenous factors. Heredity, nutrition, health status, life experience, environment, activity and stress are some factors that influence the process of ageing. Within gerontological nursing, the process of ageing is usually explored from both biological and psychosocial perspectives (17).

As we age, the number of cells in the body is gradually reduced. Reduction in lean body mass, total body fluid and increase in fat tissue occurs. These changes affect the maintenance of homeostasis which leads to a decline in functional competence of the individual. Therefore, the elderly may experience that it takes more time for the body to return to ‘normal status’ when the body has been exposed to any form of physiological stress. Biological ageing process differs not only from one person to another but also from one system to another within the same person (18). Decline in physical capacities due to changes in cardiovascular system, respiratory system, muscle mass, body joints, cartilages and collagens affecting physical activity is another aspect of ageing that is obvious in the process. Although most elderly are basically active, it is common to hear them say ‘it is not at all like before’. One can link this to the theory of wear and tear, whereby the human body is compared to a complicated machine functioning less efficiently with prolonged usage (17).

In order to understand the uniqueness of ageing, it is essential to understand the psychosocial aspects of ageing. Factors that are likely to be an influence, are the psychosocial process of ageing, physical and mental health, social and family network and cultural beliefs. The psychosocial ageing process can be described through the disengagement theory, the activity theory, the developmental tasks in ageing and gerotranscendence (17).

Elaine Cumming and William Henry developed the disengagement theory which proposes that as a person ages he or she disengages him/herself from society and vice versa. This disengagement is viewed to benefit both parties. The ageing individual uses this period to reflect on life and society and experiences a transfer of power from the aged to the younger. This is a very controversial theory and has attracted a lot of criticism as it in a way encourages inactivity in old age. This theory derived from studies done in the sixties and is therefore difficult to apply to the current society in Sweden (17).

The opposite of disengagement theory is the activity theory. It states that one should carry on with a middle-age lifestyle as long as possible. Society should treat the elderly as it treats the middle-aged. Thus, when activities diminish due to poorer capacity because of the process of old age, efforts should be made to replace these activities with others that are more suitable to the capacity of the elderly. This theory is better accepted, but critiques are of the opinion that the theory does not accommodate to elderly who prefer to retreat at old age (17).

Some theorists say that the psychological process of ageing is a process of fulfillment of developmental tasks. If the fulfillment is successful then one has aged successfully. If one finds meaning in the life that one has lived, then this will assist the person in coping well with the process of ageing (17).

A recent psychological ageing developmental theory called the gerotranscendence theory, developed by professor Lars Tornstam, proposes that ageing involves transition from a rational, materialistic metaperspective to a cosmic and transcendent vision. It states that the human development is a lifelong continuing process and suggests a model for the psychological development in elderly, where the core is to be satisfied with life. Often the gerotranscendent people experience a redefinition of themselves and might also re-evaluate the relationships towards other people. The theory incorporates developmental and existentialistic elements and proposes that the person becomes less self-occupied and also more selective in his/hers choice of social and physical activities. However, the elderly who withdraw from activities should not be regarded as apathetic or disengaged because they need more time for reflection (19).

Transition process in the elderly

Transition is a passage over time, a passage where an individual moves from a phase of life, situation or status to another. Transition process can bring about vulnerability, which can risk health. Understanding transition process can help in uncovering these risks that arise as a result of transition process (20). Health and illness, developmental, situational and organizational are a few types of transitions that nurses encounter while working with patients and their families. The process of transition is not exclusive. Multiple transition processes can occur sequentially and/or simultaneously (21). Ageing is a transition process that the elderly goes through but it is not the only transition. Loss of social network and a change of lifestyle due to age relating limitations are another two examples that elderly go through and these processes bring about various experiences (20).

Experience of transition process is one of many factors that affect the daily life of a person. Transition occurs in stages. It begins with an ending of a period of disengagement from relationships, a change of ways of being or sense of self. The next stage is an in between period, a neutral zone, a time where disorientation is experienced. This is because the existing situation is disturbed due to losses from the previous stage. This stage is uncomfortable but necessary in order to come in contact with new possibilities. The final stage involves the discovery of new beginnings and meaning leading to a new experience of control. One must go through all stages in order to have dealt effectively with the transition. Recognizing properties and factors affecting the process of transition will lead to improvement in nursing knowledge and development of nursing actions that match the unique situation of the elderly (20).

Understanding transition process of ageing from a life world perspective means having a deeper understanding of how the elderly experience ageing. The transition process means that the elderly constantly experience both physical and psychological changes. To be able to maintain health, the elderly has to constantly adjust to stressors that the transition process brings about. Continuous nursing assessment out of transition perspective allows the nurse to address changes and developments in the older person's situation. Nursing care actions to support mobilization of the older person's personal resources can evolve along with the older person's transition process. One of the personal resources is energy. Factors that are significant in mobilization of energy are psychological, social and spiritual. These factors influence in the older person's motivation to engage actively in life. A deeper understanding of the older person's everyday life and social relations is important in nurses' work in facilitating mobilization of this personal resource (20).

Social context

With the increase in life expectancy, elderly live as couples longer now than 20 years ago. More than 85% of people over the age of 65 years have at least one kindred, partner or child, living within radius of 50 km to them. Around 10% have no kindred in Sweden according to national registers, however this does not include foster children or children living abroad (23).

The social network has a big impact on people's health and also the need for nursing care. It is a natural fact that the social network of the elderly people diminishes due to loss of relatives and friends because of natural causes. Lack of social network is stress generating and may affect the social support and health of the elderly people (23). Evidence has shown that social support has beneficial effects on wellbeing, it has a stress-buffering role (24).

In 1971 a project called H70 was initiated. It was a unique population based study, which followed five cohorts of 70-year olds in the Gothenburg area. The groups were observed longitudinally for more than three decenniums. The aims of this project were to study the normal ageing, diseases in old age and to find risk indicators and risk factors amongst the elderly. It also aimed to study the need for different forms of social and health care for the elderly and different possibilities to prevent deterioration and disease in the elderly. The project was able to conclude certain trends as regarding to mental and physical health. According to the results lifestyle factors are of great value to the health and wellbeing of the elderly. People who experienced loneliness showed less psychological wellbeing and lower self satisfaction. Results from the cohorts shows that 12% of men and 25% of women experienced loneliness (25).

One can look at existence of loneliness from different basis; one of it being that loneliness is a reaction due to changes and/or lack of social relations. One of the more accepted ways of categorising loneliness is dividing it into emotional and social loneliness. Emotional loneliness is the absence of intimacy while social loneliness is the absence of social relations. However it is not always true that people who have a rich social or family network feels less lonely. There is a hypothesis that loneliness emerge when there is a perceived discrepancy between "ideal" and "real" levels of social interaction. If the outcome of a social interaction is not as expected, needed or wished, then the person can experience loneliness. If ageing means that one is marginalized within a social network, it can cause a feeling of loneliness due to a discrepancy in contact compared with before (26).

PREVIOUS RESEARCH

We searched the databases CINAHL, Pub Med and CSA (Sociological Abstracts) for research articles relating to older people's everyday life, wellbeing and social relations. We found most of our articles in CINAHL. The articles of use we found in Pub Med could also be found in CINAHL with the same search words and we therefore only present our searches from CINAHL. The articles should be researched articles and peer reviewed. We limited our search to find articles to be about people who are 65 years and over. To get the latest research we searched for articles published between 2000- 2009.

We used several search words as our aim is not one dimensional and we wanted to find different aspects of elder's everyday life and social relations. There are different spellings to the word 'ageing' (aging) and we used both spellings in the search but have chosen not to publish the ones that did not generate any articles that we found valuable. Search words and results are specifically presented in Table 1 (Appendix 1). The use of different compositions gave us many articles that we could utilize. Articles that contained the most usable information material applicable to our aim were picked out. Articles that did not have a patient perspective were not included. In total we studied 19 articles of which 12 were used in this section.

We originally wanted to focus on studies done in Scandinavia but decided to include worldwide studies. The articles we chose were all written in English, except for one, which was written in Norwegian (Dale B et al. 2001). The articles we chose to use originated from Sweden, Norway, Finland, Germany, United Kingdom, USA, Canada and Korea.

Through manual search we found two articles. When reading background material for this essay we came across the authors Barbro Wadensten and Evy Gunnarsson by searching through reference lists.

Ageing experience

The experience of ageing is individual but some returning subjects like bodily changes, a downward spiral, acceptance of limitations of ageing, nostalgia and sustaining life through harmony can be found through interviewing older persons (27).

Acceptance of not being young anymore have been expressed as a vital step towards successful ageing, comprising changes in life circumstances, such as physical, relational and environmental changes. It impacts on your attitude to growing old, giving you the energy to keep going, even though you may have ailments. It reinforces the theory of successful ageing as a beneficial late-life transition. Successful ageing is partly a deliberate decision, a mental choice to accept change and try to maintain a social network and close relationships (28).

Being satisfied with life as an older person may be dependant on views on earlier life. If you are content with your earlier life it is likely to contribute towards satisfaction as an older person (29).

Older people's everyday wellbeing

Quality of life is an individual opinion and valuation, and will therefore always be hard to generalise as it has a qualitative approach. Positive and negative aspects will be included in the assessment of life quality. A study in Germany examined the discrepancy between young-old (the third age) and older olds (the fourth age) value of life. Different factors of daily life, i.e. health and social, were correlated to the elderly people's valuation of life. It showed, on average, a high level of valuation of life amongst the elderly, but the mean levels decreased from the third to the fourth age, which might be related to the younger age-group being more likely to still be married (30).

In a recent study in Sweden, feelings and attitudes to life were explored among older people. Upon reflection, several expressed a positive stance and felt grateful for how life had turned out. Being able to stay active both physically and mentally was generally regarded as important in everyday life. All the people in the cohort were still active, but what that involved varied significantly. Some preferred to read, whilst others preferred to be active in pensioners' organisations. Many interviewees highlighted the importance of keeping going and making the best of things (31).

The prospect of a socially active life, autonomy/independence and to continue with hobbies are some of the most contributing factors to a high quality of life. It can add a positive self-image by keep doing the things you have enjoyed in life. Autonomy and living at home will give increased valuation of life, however being dependant on others can add frustration and loss of spirit (32).

Older people show a strong wish to age in a good manner and to stay in good health. It might be difficult to find a meaning with life, but this can be correlated to people who stay family orientated and have continuous relationships with others. It can be interpreted to that we must live together with others to maintain harmony in life (29).

Social support

A German study demonstrates that the old-old participants value their life highly, despite negative age-related conditions. Social resources were strongly linked to high valuation of life (VOL). Individuals who indicated more frequent social contacts reported higher levels of VOL. To complement this, contact with younger individuals outside of the family would result in a higher VOL. However, it is highlighted that health is more strongly correlated to a subjective wellbeing than social contacts (30).

A major change in elderly peoples' lives was the passing of friends and relatives, as it had a great impact on their social network. With the loss of companionship they were more likely to stay in their own home (31). Loneliness is a big contributing factor to impaired quality of life and it can amplify cognitive decline, poor subjective health and increased use of health services. Retiring from work and a spouse or people in their social network passing away, together with a greater risk of disability, can lead to social isolation (33).

Social support positively impacted elderly people's health status considerably and had an encouraging association with physical health. Socializing will often produce feelings of pleasure and sense of belonging. By enhancing social support for the elderly, we may produce

beneficial health effects (34,35). In comparison elderly people with intact cognition did not have frequently as many visits from family members as people with impaired cognition, but the visits lasted longer (32).

It seems essential to stay engaged in meaningful activities. By staying social and maintaining close relationships with others promotes health and wellbeing and supports against loneliness and isolation (28,32,36).

Living with conversation is an essential way to stay healthy. Between staff and patient there is a need for effective communication, as a lack of it might be perceived as uncaring. Conversations between patients and nursing staff can appear practical and health focused. Patients often wish for closer contact and personal conversations with staff (29).

Successful ageing

A decline in health can become a great obstacle in daily life, but it does not determine people's lives and make them socially isolated. This entails the importance of sustained continuities from the past, but these may be in a different form. For example instead of visiting others, you call them on the telephone. This contributes to a meaningful life and shows you do not have to be defeated by unstable health (31,36).

Expectations regarding ageing have a greater impact on health status than any other covariates (age, gender and education). Low expectations for healthy ageing are related to unwillingness to engage in health promoting behaviour. Interventions for elderly should incorporate both health promotional behaviour and relate to expectations of ageing (37).

Nursing health promotion was studied in Canada where elderly people in need of home care nursing received basic health education, health assessments and empowerment strategies to promote positive attitudes, knowledge and the skills to maintain and enhance health. This was delivered by a Registered Nurse based in the community, who did home visits or spoke to the participants over the telephone, over a period of 6 months. Through this a building of trust occurred between carer and patient, as well as a supportive and meaningful social contact. Health promotion instead of acute care substitutions leads to health and financial benefits, which should be reason enough for implementing this into everyday healthcare. It demonstrates that a reorganization of existing home health care can enhance the quality of life of an individual (38).

The home health care can have a major role in the elders' lives, even though most elderly people would manage on their own. However, they are generally very grateful for the help they receive as it often means that they are able to continue to live in their own homes. The nurse who works in patients' homes has a large responsibility to accommodate a good nursing in order to take care of the elder person's quality of life (36).

Statistical improvements in mental health were a great gain for the population receiving home health care. Study results provide support for including depression screening and management as a component of a nursing health promotion program for elderly people, as it implies decreased morbidity and increased quality of life (38).

Health promotion supplied to the elderly by nurses can enhance wellbeing, mental health and social support, without increasing the overall costs of healthcare. It seems surprising this has not been put into practice. By pushing the health service towards a more flexible, patient-centred and continuity providing approach, we might make both short and long term gains in health status and independence, without any additional cost (38).

When implementing group rehabilitation among lonely elderly people in Finland, a study showed a rapid improvement in health and reduced mortality. Self-rated health also improved significantly after the intervention was initiated. An associated decrease in the cost of health services was evident. This study suggests that there is a true causal relationship between loneliness and deteriorating health (33).

Through the group exercises many people made long-standing new friendships and continued to meet up after the study was finished. The beneficial effects on health and survival were prolonged and may be explained by the new contacts and an increased social network. The results support the theory that health is interrelated with social networks, stimulating activities and active participation. By empowering elderly people to change their attitude to life and themselves, favourable effects were seen (33).

Outline

Transition into old age is an individual journey nuanced by bodily changes, nostalgia, losses and gains. The persons view and feelings towards ageing will impact on their general health and wellbeing. Everyday life among old people will look very different depending on whom you ask but in generalization a self-chosen environment will enhance the person's sense of wellbeing. With the passing of friends and relatives, elder will naturally have a reduced social network. Being lonely is a significant reason for declining health and poor life quality. What does elder who live alone think about their everyday life? Similar research has been done, that focused on either disabled patients or people living in a nursing home. In this study we would like to add the approach of the single-living people who are in need of home health care. We want to link the third cornerstone from the National Institute of Public Health of social interactions and have with that added this aspect.

To some elderly people the home health care personnel might be one of the few social contacts they have. Can the district nurse improve the life quality of lonely elderly and how? In the near future we will have an increased population of the fourth age and proactive healthcare will be an essential part of the society to keeping our old generation as healthy as possible, both physically and mentally.

AIM

Our aim is to describe single-living community health needing elderly people's thoughts on their everyday life and social relations.

METHOD

RESEARCH APPROACH

The purpose of this study is to explore the thoughts of elderly in the fourth age, who needs the care and support of home nursing in their daily life. We chose to explore from the life world perspective, as we believe that patients are experts in how they experience their health. Understanding patients from a life world perspective widens the view of a nurse and consequently assists the nurse in viewing a patient holistically (8). Qualitative research method is suitable in revealing a broad understanding of human beings and their health and care needs because one of the characteristics of qualitative research method is that it is

holistic, always tending to strive for an holistic understanding (39). Thus, the research method chosen to for this study is of a qualitative approach.

STUDY SAMPLE

The criteria that we have set for our study is that the informants are in the fourth age, they do not suffer cognitive impairment and they need some form of assistance from either home nursing or nursing home. The reason for this limitation is because we would like to perform a study that focuses on elderly in the fourth age with the aim that it will lead to further development of a health promotion plan for this group of elderly. As every individual is unique, it is optimum if health promotion plans to be tailor-made for every individual. However, this is not feasible in real life. Sufficient knowledge in how elderly in the current society experience their everyday lives should be beneficial in a more suited health promotion plans for this group of elderly.

The study sample for the full-scale study will consist of 10-15 informants and will be chosen from different counties and walks of life representing diverse life experiences. Research information will be sent to division heads of different home nursing divisions in various counties, both urban and suburban areas. Follow-up contacts will be taken to identify suitable candidates for the study.

We came in contact with home nursing services in a county in West Sweden through a fellow colleague. After seeking a permit from the head of division, our fellow colleagues mediated contact with five potential informants for her area. They were not in her care. The potential informants were provided with a copy of research information. All informants were interested to participating in our study but we randomly chose two, a man and a woman to obtain balanced gender representation. A third informant (female) was additionally included, after the first two interviews were conducted. Reason for this will be addressed in the methodological discussion. The purpose and nature of the study was verbally explained to the informants before written informed consent was obtained prior to the interview process.

DATA COLLECTION

Data was collected through unstructured interviews. Unstructured interview is a suitable method of data collection for studies aimed at improving understanding of lived experiences, which is the aim of our study. Interview is the most direct means of getting information. It is a suitable way of capturing the unique information of a person's experience of a situation, the experience that is meaningful to the informant in the subject matter (40). To quote Kvale (1996): "If you want to know how people understand their world and life, why not talk with them" (41)? This is especially true in health care, a field full with complexities difficult to measure. Complexities such as quality of life, total wellbeing, sufferings, meaning of health and effects of health are abstract phenomenon. These phenomena about one's lived experiences are best illustrated through interviews (8)

The informants were consulted about the choice of the venue for the interview, allowing them to decide on the environment that is comfortable to them and to reduce the risk of intrusion. All informants chose to have the interview in the comfort of their own home.

The interviews lasted 45 minutes each. The opening question was "Tell us about your daily life?" Subsequently further relevant questions were asked to penetrate deeper into the topic of the research. Both authors were present during the interviews to ensure that data collection was performed as similarly as possible with equal focus in finding answers to the research

question. Interviews were audio taped and transcribed verbatim by the one of the authors. Non-verbal expressions such as pause, laughter, sighs and sobbing were recorded.

DATA ANALYSIS

The data was analyzed using qualitative content analysis method. Content analysis is a systematic and objective way of analyzing different type's messages. These messages may be communicated in various forms such as verbally, visually or in writing (42).

Data analysis was performed according to manifest content analysis guidelines of Graneheim and Lundman (42). The transcripts were read and re-read a number of times by each of the author individually to obtain an independent overview of the content of the transcribed interview material. The authors then agreed upon the how to sort out the text. The transcripts were read several times with the purpose of identifying meaning units that are relevant to the purpose of the study. These meaning units are then condensed and coded individually by the authors. The authors then critically analyzed the codes together and compared them in relation to the research question. Example of analysis will be shown in table 2.

Table 2. Content analysis. Example of the analysis process, from meaning unit to category.

Meaning unit	Condensed meaning unit	Code	Sub-category	Category
It is the turn of the hand, suddenly nothing makes sense anymore. You see it is not pleasant when one is used to living in a house, owning a summerhouse and boat. We had a good life.	Turn of the hand, nothing makes sense, had a good life.	Reflection	Losses	Changes in life

ETHICAL CONSIDERATIONS

The International Council of Nurses (ICN), has defined a nurse's four basic areas of responsibility; to promote health, to prevent illness, to restore health and to alleviate illness. The process of nursing care involves not only the patient, but also the patients' families and society. To be able to fulfil these responsibilities in an ever changing society with optimal quality, it is the duty of nurses to develop their skills and knowledge continuously through research (43).

When humans are used as study participants, as it is in this pilot study, care must be taken to ensure the rights of the participants are protected. When conducting this study, the code of ethics stipulated by the Northern Nurses' Federation (NNF) was considered. This study is therefore guided by four basic ethical principles; the principle of autonomy, the principle of

beneficence, the principle of non-maleficence and the principle of justice and guidelines according to the NNF. Considerations taken to fulfil the four requirements are as listed (44):

1. The requirement concerning information – All participants have been provided with information regarding the purpose of the study, the expected function of the participant and contact details of the researchers. Information has been provided both orally and in written form.
2. The requirement concerning consent – Written informed consent has been taken from the participants. Participants have also been informed that they can withdraw from the study at any point of time and withdrawal will not result in negative consequences for them.
3. The requirement concerning confidentiality – We identified five patients who met our criteria and then randomly chose two of them. This was done to minimise the risk that participants were from a small community. Materials from the interview were coded so that participants could not be identified. Cassette tapes containing materials from the interview are kept in safe custody by Gothenburg University.
4. The requirement concerning safety of the participant – The result of this study has been and will only be used in this essay.

The authors have not applied for permit from the regional ethical committee to conduct this study, as it is a pilot study done as a part of postgraduate studies at the university. This pilot study will not be published in any scientific journal and therefore is not bound to the constitution SFS 2003:460 which regulates the research ethical clearance requirements (45).

A study aimed at exploring the thoughts of the daily life of the elderly might lead to risk of sensitive emotions being stirred up. The risk can be higher if the participants are in a vulnerable emotional state, due to various life situations. To ensure that participants have access to emotional support if so needed, we have during the interview paid extra attention to the fact that participants do have some form of contacts with persons who can provide emotional support as and when needed. However, participants can also benefit from an interview session. The interview session can be experienced as an interesting social chatting session plus they can contribute to a better understanding of the elderly generation. We assessed that the knowledge that can be obtained from this study can be a useful ground in future health promotion measures targeted at this group of elderly.

RESULT

The result consists of three comprehensive categories and ten sub-categories from the analysis of our data. The sub-categories are presented in table 3 but not specifically subtitled in the text, instead they are integrated to give a more comprehensive description. The categories describe different aspects of the informants' daily life experiences.

Table 3. Themes and categories

Categories	Sub- categories
Everyday life	Autonomy
	Activities
	Family
Social relations	Loneliness
	Wellbeing
	Appreciation
	Distance
Changes in life	Losses
	Acceptance
	Adaptation

The quotations elucidate the categories. Three dots (...) imply silence. The term // is used to leave out a passage which does not have essential content for the category. The quotations are marked with a letter that states different informants (A-C), which the informants randomly were given. When quotations were translated from Swedish to English, efforts were concentrated on retaining the meaning of the excerpt, rather than a literal translation.

Everyday life

Everyday life in the fourth age depends to some extent on your mobility and your social network. With mobility you have the opportunity to go to places and meet other people. If you have some sort of physical handicap or don't feel well enough to go to places, you become dependant on other people for assistance and socializing. It is frustrating to have decreased autonomy. Two of the informants performed light housework if they had the energy. Cooking and baking were something they enjoyed, however they admitted that they ate better and more if they had a visitor.

“Health is very important. Then you can go outside to buy the newspaper but I can't, so I'm stuck inside. I have to ask others for help and I don't like to do that” (A)

Every day activities are not the same as when they lived together with their partner. Reflecting back on good times is a common occupation amongst the elderly.

“I have a chair on the patio that I call ‘the waiting chair’... I sit there to wait for visitors and recall old memories” (B)

Senior activities organized by the community are optional to participate in. Not everyone has the will to take part, because they do not know anyone, they feel it is ‘not for them’ or they just do not feel the need for it. It is a good option to have if you have very few other social contacts, but one should not be forced to take part. None of the informants were interested in senior activities, which included group conversation about special topics.

“I have been to a reading session but not anymore... I did not like it. I get dizzy easily when the others in the group, some senile, kept talking all the time. I do not feel like it... I do not know anyone and it is difficult to blend in” (B)

All of the informants we interviewed still had contact with their family members, two of them regularly and one more sporadic. Daily telephone contact with her daughter was very

important to one of the patients. They could not meet as often as they wished for because of living in different cities. All informants have grandchildren who they spoke lovingly about and always looked forward to seeing. However, two of the patients felt they did not want to be a burden to their family members, as they all have 'their own lives' and are busy with jobs and hobbies. They would like to see their family more often than they did.

"When I call someone to ask if they want to come over they can't... everyone has their own life to take care of. They have their jobs and families"(C)

Social relations

Elder's social relations when living alone are restricted. If none of your relatives or friends lives nearby and your mobility is compromised it is difficult to keep continuous social relations. After the loss of a lifelong partner, your everyday life will be very different and you have to confront being lonely on an everyday basis.

"A normal day to me is a day without any visitors//Loneliness is the worst in my everyday life//You can read books and listen to the radio, that is my company. Otherwise it is very quiet here" (A)

One's wellbeing can be connected to your social relations. It gives your daily life a purpose and improves the subjective wellbeing among elders. Contact with nurses and health care staff is also a part of the social relations and they are meaningful contacts for alone-living people. The nurses are appreciated but cannot generally stay and keep the patients company for as long as they would have wished for. The informants felt a trust towards the nurses and felt they could open up about their feelings towards them.

"The staff is so kind, it is unbelievable. It is nice when they spend time to converse//A nurse who is kind, friendly and helps me is better than any medicine. It gives me quality of life" (A)

Loneliness can generate distance to the surrounding world. When not being active in the community, i.e. as you are when you are working, a sense of belonging might get lost if you have no other opportunities to meet other people.

"Since I have a riding school nearby, I don't feel so lonely. There are always people in traffic outside my window" (C)

Changes in life

The category describes the informants' experiences of transition into old age. A sense of loss is expressed by them all and explained in different matters. Loss is a part of life and can be of different ways; social and material aspects can both be parts of the ageing process. It can be family members and friends who have passed away which leaves you in a vulnerable social situation or the loss of autonomy and being able to take care of a large house where you have lived all your life. There is usually a big diversity in how life is in the midst of life compared to when you are old. When you are young it is hard to imagine how life will be when one becomes old.

"There is a huge difference between life now and before//It is awful being old. You do not think about it when you are in the midst of life, then comes illness and misery//It is the turn of the hand, suddenly nothing makes sense anymore. You see it is not pleasant

when one is used to living in a house, owning a summerhouse and boat. We had a good life” (A)

The informants expressed acceptance to accommodate their life situation; how they had lived their lives, how they lived life now and what comes with it. Everyone has their own way of coping. You adapt to your life circumstances. Ways to cope with changes was expressed in both acceptance and adaptation. All the informants were in different stages of acceptance and adaptation.

“As long as you are healthy and well you don’t think too much about getting sick and eventually dying. We know that if we enter this world, we also need to pass away from it/I am satisfied with my life. I cannot change anything. I have had a good life and I have no regrets” (C)

DISCUSSION

Methodological Discussion

This study seeks to describe the daily life of single-living elderly in need of community health care. A qualitative research design was applied in this study as it is suitable when conducting research aimed at describing a phenomenon holistically (46).

Evaluation of trustworthiness of this pilot study and the planned full-scale study are and will be looked at in terms of the four criteria: credibility, dependability, confirmability and transferability (46).

Three persons were included in this study and the findings should be interpreted with caution due to the size of the sample. A full-scale study would preferably include 10-15 informants to produce a more reliable result. Informants were represented by both males and females in the present study in order to generate gender representative data. Informants for the full-scale study will be similarly represented. The credibility of the data maybe affected due to the fact that elderly suffering from senile dementia cannot be included. Informants will be represented from different backgrounds, i.e. ethnic and socioeconomic, in the full-scale study to widen perspective of the research question. However, physiological changes due to old age like hearing deterioration might hinder the willingness or interest of certain elderly to participate. All interviews for this pilot study were performed on sunny summer days. Interviews for the full-scale study will be spread out through the year if possible so that significant psychological influences due to season change are incorporated. We learned from our research that major life changes in the near past probably affect the data. For instance one of the informants had just lost his/her life partner four months before the interview, which possibly affected the data. Therefore we have performed an additional interview to obtain data that are not influenced by a major psychological change (46).

As the two authors are new to performing research, difficulties were experienced during the interviews. At certain times, especially during the first interview, the informant seemed to be more interested in discussing issues totally not pertaining to the research question. However, the fact that we had an interview plan enabled us to focus on some aspects that were of interest to the study. With this in mind we know the importance of staying focused around the study aim during the interviews in the full-scale study. The questions that were used in the pilot study will be suitable for a full-scale study too with additional focus on nursing

implications that will be addressed to under result discussion. Having the same amount of time for each interview, 45 minutes, is also desirable (40).

Both authors were present at all the interviews to ensure dependability. The use of audio-recording and verbatim transcripts enabled authors to analyze the data as described above. This was very useful as the authors were novices in research and therefore required multiple read and re-reading of the data before analysis and interpretation of the data could be performed. However, recording an interview can affect the interview negatively because the informant might not be so open with his or her answers (40).

Both of the authors have worked in community health care and may have a pre-understanding of the setbacks in life at a nursing home. This may influence our focus of interest during the interviews.

Transferability can be considered if the elderly, regardless of which age group they belong to, are able to identify the interpretations as their own. A high transferability will be appropriate to people who have similar or fulfill the same criteria for inclusion as the informants in this study. Therefore, the findings of this study should be appropriate in situation where one seeks to understand the daily life of single-living elderly who requires assistance from community health. Internationally, the findings of this study may be appropriate in circumstances where culture and social context are similar (46).

During the analysis the authors found that several sub-categories overlapped each other and found it difficult to put them in the most suitable category. For example can the meaning in the text be suitable for both the sub-categories of *'Loss'* and *'Loneliness'*. The authors' goal setting was however, not to lose any important contents of the result.

Result discussion

The findings of the study tell us that single living and home health care dependent people in the fourth age experience loneliness on a daily basis. They seem to accept their life situation as it is but express a desire to improve their social relations. Social contacts made all the informants feel better, happier with life and improved their wellbeing. Changes in life i.e. the loss of a lifelong partner appear to permeate all other aspects of their life.

Social relations appear to be one missing detail in the life of our informants. All the informants expressed a longing for visitors. Moments where they have social contacts are highly valued. Contacts with health care staff are very much appreciated and they expressed that such contact as meaningful and it enhances their wellbeing. This is consistent with a study done in a nursing home in Sweden (29).

Loneliness is expressed very clearly and consistently by all our informants. This differs slightly from the follow-up study performed in Sweden on a group of elderly persons living in Stockholm (32). This might be related to the fact our informants have more functional disability as they all require assistance from community health. They are not able to influence their social situation as they wish to. As indicated in a study on the everyday life experiences of elderly persons' with disabilities, elderly persons described a sense of loss in relation to reduced socializing (35). Similarly, our informants experience reduces in social relations due to decreased social network and limitation in physical abilities.

All our informants have family who visits them regularly. Relations and contacts with family members are of utmost importance to them. Despite regular contacts with family members, our informants still expressed desires for a more enriching social relations. Regular contacts

with family do not seem to have a long lasting effect in alleviating sense of loneliness. All our informants are going through a transition from being physically independent to partly physical dependent. Reduced mobility might be a hindrance to them continuing with their social life as before. They might find themselves in the neutral zone of this transition process whereby disorientation can be experienced (20). As identified in another qualitative study on elderly person's perception on successful ageing, maintenance of life routines is very important to a successful transition in late-life (28). It is therefore essential that health care staff assist the elderly person in maintaining as many aspects of life that is important to the elderly person during this transition process. Maintaining health is a matter of continuous adjustment to stress factors in the environment (11).

Despite decreased social contacts, the informants are not keen on participating in social activities provided by the communities, as they do not feel that it would improve their situation. Reason for this could be explained according to theory of gerotranscendence, which proposes that a person becomes more selective in his/her choice of social and physical activities as he/she ages (19). However, this result might alter when it is performed in a larger scale and informants are represented from various perceptions of ageing. As indicated in a study (36), low expectations of ageing are related to unwillingness to engage in health promoting activities leading to poor health status. A Finnish study (33) made on group rehabilitation showed positive results on wellbeing. On the contrary our pilot study shows none of the informants were interest to participate in a group conversation group.

Successful ageing should be a goal for people to work towards. The healthcare personnel in contact with older people can assess and support goal settings for specific actions and behaviours that encourage successful ageing. Personnel should support elderly living as best they can, encourage a positive attitude to life and provide opportunities to participate in a variety of activities involving other people (28). Our small study does incline one-on-one meetings with the nurse to be preferred. That is when our patients feel safe and can be open hearted. It will also give them the comfort of a meaningful contact that hopefully will promote health and relieve suffering.

The acceptance of life's changes is something recurring in our result. Similarly, is accepting losses as a natural way of life. As described by the patients; it can be a painful experience that comes with frustration, grieving and sadness but you cannot transcend into successful ageing without the acceptance. Rossen et al. (28) have portrayed the adaptation process in their study. Even though the authors were not prepared to get this result we find it most interesting to include this into our future profession. When trying to depict the everyday life of elderly, the result we acquired was permeated by the changes in life. Those changes were emotional, practical, materialistic, intellectual and autonomy. The frustration in everyday life which was described by the informants can be linked back to the changes of the ageing process, to not have control over your situation which in turn can lead to poorer subjective health (28).

All informants expressed that when they were younger they did not think about getting old because there was so much else going on in their lives. Can we as nurses learn from this, trying not only to see the patient, but to their whole life that have been and from there give the best care we can?

Nursing implications

The informants' everyday life contains facts of changes in their lives but they seem to have different levels of acceptance and adaptation. Ageing which is a process with high probability of change in life circumstances as illustrated earlier in this essay means increase demand on

the person's adaptation capability and how well the elderly adapt to this process can be related to their strength of sense of coherence (47). Based on the knowledge a nurse can explore how patients perceive and adapt to ageing. Health care staffs' knowledge of both how life has been and the life at present and where the patient is in the transition process are vital in care provision to elderly people. We will be aware of the losses in someone's life, even though we can not replace what is lost we will at least have an understanding.

The informants showed no interest in making new social contacts, however they did show interest in having health care staff as part of their everyday life. Our informants expressed appreciation of the nursing staff relations, however we did not explore the deeper meaning of it. A question for future studies could be on what exactly the nurses' role is in a single-living elderly person's life and how they rate the importance of this role.

There is a wide scope for health promotion work with older people. The community nurse plays an important part in the health promotional work and will need to act with/in time when more people become older. With strong indicators of links between positive mental health and good physical health it is of great importance to work proactively in our society. Usually biomedical health promotional work is performed by community nurses, even though mental health and positive ageing are of the utmost importance (48).

Conclusion

Knowledge that can be derived from this pilot study and eventually the full scale study can improve the perception of everyday life. An understanding of elderly people's criteria for wellbeing will provide insights on how to promote quality of life for this group of elderly people.

Division of work

The subject of interest was decided upon to satisfy our curiosity in the wellbeing of the elderly person in the fourth age after a fellow colleague highlighted the problem. The authors settled on the aim of research and its design together. Writing of the theoretical framework, concepts, nursing science perspective and methodology were divided between the two of us after common agreement. Search for previous studies were performed together but the summary of the chosen articles was put together by one of the authors. Both authors were present at the interviews. One author wrote out the transcripts and data analysis was coded individually. The codes were categorized together. Results and discussions were performed by the authors jointly. The whole process of this essay writing was wisely and professionally guided by our mentor.

REFERENCES

1. Healthy ageing: a challenge for Europe [Internet]. National Institute of Public Health; 2007. [cited 2009 May 20]. Available from: http://www.fhi.se/upload/ar2007/Rapporter%202007/healthy_ageing_07.pdf.
2. Statistiska centralbyrån [Internet]. Äldres omsorgsbehov och närhet till anhöriga. [cited 2009 May 20]. Available from: http://www.scb.se/Pages/PublishingCalendarViewInfo_259923.aspx?PublObjId=1797
3. Statistiska centralbyrån [Internet]. Befolkningsstatistik – Sveriges framtida befolkning 2008-2050. [Cited 2009 May 20] Available from: http://www.scb.se/statistik/BE/BE0401/2008A01/BE0401_2008A01_SM_BE18SM0801.pdf
4. Socialstyrelsen [Internet]. Vård och omsorg av äldre. Socialstyrelsen. [cited 2009 Jun 10] Available from: http://www.aldrecentrum.se/upload/Rapporter/%C3%96vriga%20rapporter/sos_1%C3%A4gesrapport_2007.pdf
5. Agahi N. Hälsoutveckling och hälsofrämjande insatser på äldre dar: en kunskapssammanställning. Stockholm: Statens folkhälsoinstitut; 2005.
6. Svensk sjuksköterskeförening [Internet]. Kompetensbeskrivningar och riktlinjer; [cited 2009 Sep 12]. Available from: <http://www.swenurse.se/Documents/Komptensbeskrivningar/KompbeskrDistriktwebb.pdf>
7. Lindberg-Sand Å. Omvårdnad I utbildning, yrke och forskning. Lund: Studentlitteratur; 1993.
8. Dahlberg K. Kvalitativa metoder för vårdvetare. 2 ed. Lund: Studentlitteratur; 1997.
9. Heyman I, Sandström B. Vårdpedagogik: framväxt, betydelse, perspektiv. Lund: Studentlitteratur; 2008.
10. World Health Organization. [Internet]. WHO definition of health [cited 2009 May 22]. Available from: <http://www.who.int/about/definition/en/print.html>
11. King IM. A theory for nursing: systems, concepts, process. New York: Wiley; 1981.
12. Bendz M. Att åldras väl: en kunskapöversikt av hälsofrämjande och förebyggande arbete inom dagens vård och omsorg. Jönköping: Luppen kunskapscentrum; 2005.
13. Antonovsky A. Unravelling the mystery of health: how people manage stress and stay well. San Francisco (California): Jossey –Bass; 1987.

14. Weismann U, Hannich HJ. A salutogenic view on subjective well-being in active elderly persons. *Ageing Ment Health*. 2008 Jan;12(1):56-65.
15. Suominen S, Lindström B. Salutogenesis. *Scand J Public Health*. 2008;36:337-9.
16. Lindström B, Eriksson M. Salutogenesis. *J Epidemiol Community Health*. 2005;59:440-2.
17. Eliopoulos C. *Gerontological Nursing*. 5th ed. Philadelphia: Lippincott; 2001.
18. Redfern SJ, Ross FM, editors. *Nursing Older People*. 4th ed. Edinburgh: Elsevier Churchill Livingstone; 2006.
19. Tornstam L. *Åldrandets socialpsykologi*. 7th ed. Stockholm: Norstedts akademiska förlag; 2005.
20. Swanson EA, Tripp-Reimer T, editors. *Life Transitions in the Older Adult: Issues for Nurses and Other Health Professionals*. New York: Springer Publishing Company; 1999.
21. Meleis AF, Linda M, Im E-O, Hilfinger M, Deanne K, Schumacher K. Experiencing Transitions: An Emerging Middle-Range Theory. *Advances in Nursing Science*. 2000 Sept;23(1):12-28.
22. Äldres omsorgsbehov och närhet till anhöriga [Internet]. Stockholm: Statistiska Centralbyrån; 2006 [cited 2009 Aug 13]. Available from: http://www.scb.se/statistik/publikationer/BE0701_2004A01_BR_BE51ST0601.pdf
23. Reed JEF. Social Support and Health of Older Adults. In: Sieloff CL, Frey MA, editors. *Middle Range Theory Development: Using King's Conceptual System*. New York: Springer Publishing Company; 2007. p. 92-104.
24. Hansson A. Subjective Well-being in an adult Swedish population: findings from a population-based study [dissertation]. Stockholm: Karolinska Institutet; 2009.
25. Steen B, editor. *To become old; H70 The gerontological and geriatric population studies in Göteborg, Sweden 1971-2002*. Göteborg: Department of geriatric medicine Sahlgrenska academy at Göteborg University; 2004.
26. Andersson L. Ensamhet och sociala relationer. In: Andersson L, editor. *Socialgerontologi*. Lund: Studentlitteratur; 2002. p. 146-65.
27. Shin KR, Kim MY, Kim YH. Study on the lived experience of aging. *Nurs Health Sci*. 2003;5:245-52.
28. Rossen EK, Knafl KA, Flood M. Older women's perception of successful aging. Activities, adaptation and aging. 2008;32(2):73-88.

29. Wadensten B. Life situation and daily life in a nursing home as described by nursing home residents in Sweden. *International journal of older people nursing*. 2007;2:180-88.
30. Jopp D, Rott C, Oswald F. Valuation of life in old and very old age: the role of sociodemographic, social, and health resources for positive adaptation. *Gerontologist*. 2008;48(5):646-58.
31. Gunnarsson E. 'I think I have had a good life': the everyday lives of older women and men from a lifecourse perspective. *Ageing Soc*. 2009;29:33-48.
32. Holmén K, Furukawa H. Loneliness, health and social network among elderly people – a follow up study. *Arch Gerontol Geriatr*. 2002;35:261-74.
33. Pitkala KH, Routasalo P, Kautiainen H, Tilvis RS. Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomized, controlled trial. *J Gerontol A Biol Sci Med Sci*. 2009;64A(7):792-800.
34. Lee SYD, Arozullah AM, Cho YI, Crittenden K, Vicencio D. Health literacy, social support, and health status among older adults. *Educ Gerontol*. 2009;35(3):191-201.
35. Tollén A, Fredriksson C, Kamwendo K. Elderly persons with disabilities in Sweden: their experiences of everyday life. *Occup Ther Int*. 2008;15(3):133-49.
36. Dale B, Dale JG, Lorensen M. Livskvalitet hos eldre hjemmeboende som mottar hjemmesykepleie. *Vard Nord Utveckl Forsk*. 2001;21(2):4-10. Norwegian.
37. Kim SH. Older people's expectations regarding ageing, health-promoting behaviour and health status. *J Adv Nurs*. 2009;65(1):84-91.
38. Markle-Reid M, Weir R, Browne G, Roberts G, Roberts J, Gafni A, Henderson S. Health promotion for frail older home care clients. *J Adv Nurs*. 2006;54(3):381-95.
39. Leininger MM. Nature, rationale, and importance of qualitative research methods in nursing. In: Leininger MM, editor. *Qualitative Research Methods in Nursing*. Orlando: Grune & Stratton; 1985. p. 1-26.
40. Lantz A. *Intervjumetodik*. 2nd ed. Lund: Studentlitteratur; 2007.
41. Kvale S. *Interviews: an introduction to qualitative research interviewing*. Thousand Oaks: SAGE; 1996.
42. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004;24:105-112.
43. The international council of nursing. [Internet] ICN code of ethics. 2006 [cited 2009 Jun 10]. Available from: <http://www.icn.ch/ethics.htm>

44. Northern nurse's federation. Ethical guidelines for nurses in the Nordic countries. Olso: Vård i norden; 2003.
45. SFS 2003:460 [Internet]. The Act concerning the ethical review of research concerning humans. [cited 2009 Jul 28]. Available from:
[http://www.epn.se/start/background-and-regulations/the-act-\(2003460\).aspx](http://www.epn.se/start/background-and-regulations/the-act-(2003460).aspx)
46. Polit DF, Hungler BP. Nursing Research: Principles and Methods. 6th ed. Philadelphia: Lippincott Williams & Wilkins; 1999.
47. Borglin G, Jakobsson U, Edberg A-K. Older people in Sweden with various degrees of present quality of life: their health, social support, everyday activities and sense of coherence. Health Soc Care Comm. 2006 Feb;14(2):136-46.
48. Runciman P, Watsin P, McIntosh J, Tolson D. Community nurses' health promotion work with older people. J Adv Nurs. 2006;55(1), 46-57.

APPENDIX 1

Table 1. Outline of database, search words, results and chosen articles that were found in the article search.

Database	Search phrase	Results	Chosen articles	Used articles
CINAHL	attitude to ageing AND successful ageing	13	2	1 (no 28)
	quality of life AND elderly AND nurse	4	1	1 (no 36)
	health status AND ageing AND nurs*	53	3	1 (no 37)
	everyday life AND elderly	23	2	1 (no 35)
	community health care AND health promotion AND elderly	29	1	1 (no 38)
	loneliness AND elderly	77	5	2 (no 33, 32)
	lived experience AND ageing	6	1	1 (no 27)
	health status AND social support	267	1	1 (no 34)
Sociological abstracts	elderly AND wellbeing AND social contacts	173	3	1 (no 30)